

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:14

DOCUMENT # N93000004604 (5)

1. Corporation Name

TABERNACLES SILOE, INC.

Principal Place of Business

7525 LAKE UNDERHILL ST.
ORLANDO FL 32807

Mailing Address

7525 LAKE UNDERHILL ST.
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
03/04/1994

4. FEI Number
59-3225917

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ILDEFONSO, MANUEL REV
14834 DAY LILY CT.
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ILDEFONSO, MANUEL REV
STREET ADDRESS	8449 FT THOMAS WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	PEREZ, LYNN
STREET ADDRESS	1150 BLACK FOOT AVE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	TD
NAME	DIAZ, ELIZABETH
STREET ADDRESS	2526 J.R. ST.
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SD
2.3 STREET ADDRESS	JEANNETTE ALVARADO
2.4 CITY-ST-ZIP	4974 Reginald RD, Orlando, Florida 32829
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD; MD
3.3 STREET ADDRESS	LARRY N. LUGO
3.4 CITY-ST-ZIP	736 McLEAN CT. ORLANDO, FL 32825
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an addressee.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/95

(407) 273-1135

(Date)

(Signature/Printed Name)